

WAYNE COUNTY COMMUNITY  
FEDERAL CREDIT UNION

Main Office  
311 Kaufman Dr  
P.O. Box 214  
Smithville, Ohio 44677  
330-669-2117 ph  
330-669-9216 fax

Orrville Branch  
100 West Market St  
Orrville, OH 44667

[WWW.WCCFCU.COM](http://WWW.WCCFCU.COM)  
[INFO@WCCFCU.COM](mailto:INFO@WCCFCU.COM)

WAYNE COUNTY COMMUNITY FEDERAL CREDIT UNION  
SCHOLARSHIP APPLICATION

PLEASE RETURN ALL PARTS OF YOUR COMPLETED APPLICATION TO  
YOUR HIGH SCHOOL GUIDANCE OFFICE BY APRIL 14<sup>TH</sup> 2014. THIS  
FORM MAY BE REPRODUCED ON A COMPUTER. YOURSELF OR  
A MEMBER OF YOUR HOUSEHOLD MUST BE A MEMBER OF THE  
WCCFCU IN ORDER TO APPLY FOR THIS SCHOLARSHIP.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(last) (first)

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Email \_\_\_\_\_

Name of your high school \_\_\_\_\_

EDUCATION PLANS

College you plan to attend \_\_\_\_\_

Have you been accepted to this school Yes or No (circle one)

Will you attend – Full-time or Part-time (circle one)

Residence during school year - Home or dorm (circle one)

Your major \_\_\_\_\_

Expected graduation date \_\_\_\_\_

## YOUR FAMILY INFORMATION

Provide the following information about parents or guardians with whom you live:

Name of father/step father/guardian (circle one)

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Occupation\_\_\_\_\_

Employer\_\_\_\_\_

Name of mother/step-mother/guardian (circle one)

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Occupation\_\_\_\_\_

Employer\_\_\_\_\_

Total number of people living in this household (including yourself)\_\_\_\_\_

Number attending college next year (including yourself)\_\_\_\_\_

## YOUR WORK HISTORY

EMPLOYER

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POSITION HELD

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YOUR PERSONAL ACHIEVEMENTS – NON-SCHOOL ACTIVITIES

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YOUR PERSONAL ACHIEVEMENTS – SCHOOL ACTIVITIES (clubs, athletics academics, music, & etc). Give years of membership and offices held.

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YOUR PROFESSIONAL GOALS – What are your professional goals and how does your intended further education contribute to these goals:

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## FINANCIAL AID INFORMATION

Approximate college cost:

Tuition \_\_\_\_\_

Room & Board \_\_\_\_\_

Total \_\_\_\_\_

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Parents Contribution

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Student's Summer Earnings

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Student's Savings

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College Financial Aid Offer

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Outside Scholarships

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Ohio Choice Grant

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Pell Grant

Since this scholarship can be based on financial need, you may want to add any comments that will help the committee better understand your personal financial needs more fully:

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## AUTOBIOGRAPHICAL INFORMATION

In this space provide some autobiographical information, which tells something about the kind of person you are. Please do not have counselors, teachers or parents help you with this statement.

Signed \_\_\_\_\_  
(student signature)

Date \_\_\_\_\_

# NAME/PHOTO/PRINT/VIDEO RELEASE AGREEMENT

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Signature\_\_\_\_\_

Date\_\_\_\_\_

Legal Guardian or Parent if a Minor (under age 18):

Signature\_\_\_\_\_

Date\_\_\_\_\_